

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 44

For Official Use Only

Statement covers period

from 07/01/2017

through 12/31/2017

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1275549

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Californians for Jobs and a Strong Economy

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95811</u>	<u>(916)444-5701</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95841</u>	

OPTIONAL: FAX/E-MAIL ADDRESS
916-348-9111 / campaigns@rcbs.us

Treasurer(s)

NAME OF TREASURER
Rita Copeland

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95841</u>	<u>916-348-9100</u>

NAME OF ASSISTANT TREASURER, IF ANY
Denise Lewis

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95841</u>	<u>916-348-9100</u>

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/31/2017 By Rita Copeland
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 44

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA FORM 460 Page 3 of 44 I.D. NUMBER 1275549
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for Jobs and a Strong Economy

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$816,000.00	\$1,198,100.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$816,000.00	\$1,198,100.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$5,577.41
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$816,000.00	\$1,203,677.41

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$367,780.11	\$685,763.47
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$367,780.11	\$685,763.47
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$31,685.72)	\$1,400.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$5,577.41
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$336,094.39	\$692,740.88

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$192,521.18	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$816,000.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$367,780.11	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$640,741.07	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$1,400.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4 of 44
NAME OF FILER Californians for Jobs and a Strong Economy		I.D. Number 1275549

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	21st Century Fox America, Inc. New York, NY 10036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,700.00	\$10,000.00	
8/22/2017	21st Century Fox America, Inc. New York, NY 10036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$10,000.00	
11/27/2017	Abbott Laboratories Abbott Park, IL 60064-6164	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,700.00	\$15,000.00	
11/27/2017	Abbott Laboratories Abbott Park, IL 60064-6164	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$15,000.00	
11/28/2017	Abbvie North Chicago, IL 60064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$816,000.00
2. Amount received this period - unitemized contributions of less than \$100	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$816,000.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER Californians for Jobs and a Strong Economy		I.D. Number 1275549

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Agricultural Council of California PAC Sacramento, CA 95814 Committee ID: 761092	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,000.00	\$8,000.00	
10/31/2017	All-Pro Bail Bonds, Inc. Solana Beach, CA 92075	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,300.00	\$15,000.00	
10/31/2017	All-Pro Bail Bonds, Inc. Solana Beach, CA 92075	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,700.00	\$15,000.00	
10/27/2017	American Insurance Association PAC Washington, DC 20037 Committee ID: 871697	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$700.00	\$8,000.00	
10/27/2017	American Insurance Association PAC Washington, DC 20037 Committee ID: 871697	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,300.00	\$8,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 6 of 44

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Californians for Jobs and a Strong Economy

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1275549

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/2017	Amgen Inc. State Political Contributions Account Alexandria, VA 22303	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$17,700.00	\$25,000.00	
9/11/2017	Amgen Inc. State Political Contributions Account Alexandria, VA 22303	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,300.00	\$25,000.00	
7/26/2017	Anheuser-Busch Companies St. Louis, MO 63118	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$15,000.00	
7/26/2017	Anheuser-Busch Companies St. Louis, MO 63118	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,700.00	\$15,000.00	
11/9/2017	Apartment Association of Greater Los Angeles Candidate PAC Los Angeles, CA 90005 Committee ID: 811735	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,300.00	\$20,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER

Californians for Jobs and a Strong Economy

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/9/2017	Apartment Association of Greater Los Angeles Candidate PAC Los Angeles, CA 90005 Committee ID: 811735	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12,700.00	\$20,000.00	
8/11/2017	Apollo Education Group Subsidiaries University of Phoenix, Inc. Phoenix, AZ 85040	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
8/29/2017	Artichoke Joe's Casino San Bruno, CA 94006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	
8/9/2017	Association of California School Administrators PAC Sacramento, CA 95814 Committee ID: 842151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$7,300.00	\$30,000.00	
8/14/2017	Association of California School Administrators PAC Sacramento, CA 95814 Committee ID: 842151	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$17,700.00	\$30,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER

Californians for Jobs and a Strong Economy

I.D. Number
1275549

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/2017	AT&T Inc. and its Affiliates Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$20,000.00	
9/11/2017	AT&T Inc. and its Affiliates Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12,700.00	\$20,000.00	
10/16/2017	Bail HotLine Riverside, CA 92501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,000.00	\$6,000.00	
9/19/2017	BNSF Railway Company Fort Worth, TX 76131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12,700.00	\$20,000.00	
9/19/2017	BNSF Railway Company Fort Worth, TX 76131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,300.00	\$20,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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		I.D. Number 1275549

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NAME OF FILER

Californians for Jobs and a Strong Economy

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	CA Assoc. of Health Underwriters PAC Sacramento, CA 94814 Committee ID: 892177	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$25,000.00	
9/19/2017	CA Assoc. of Health Underwriters PAC Sacramento, CA 94814 Committee ID: 892177	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$17,700.00	\$25,000.00	
10/6/2017	CA Bankers Assoc State PAC Sacramento, CA 95814 Committee ID: 742694	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
8/22/2017	CA State Association of Electrical Workers Pasadena, CA 91101 Committee ID: 1275549	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
12/6/2017	California Apartment Association Political Action Committee Sacramento, CA 95814 Committee ID: 745208	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$30,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/6/2017	California Apartment Association Political Action Committee Sacramento, CA 95814 Committee ID: 745208	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$22,700.00	\$30,000.00	
8/25/2017	California Beer & Beverage Distributors Community Affairs Sacramento, CA 95814 Committee ID: 761487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,700.00	\$10,000.00	
8/25/2017	California Beer & Beverage Distributors Community Affairs Sacramento, CA 95814 Committee ID: 761487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$10,000.00	
12/12/2017	California Charter Schools Association Independent Expenditures Committee Sacramento, CA 95814 Committee ID: 1339522	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	
7/11/2017	California Correctional Peace Officers Association (CCPOA) Independent Expenditure Committee Sacramento, CA 95814 Committee ID: 902202	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$25,000.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER Californians for Jobs and a Strong Economy		I.D. Number 1275549

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	California Correctional Peace Officers Association (CCPOA) Independent Expenditure Committee Sacramento, CA 95814 Committee ID: 902202	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$17,700.00	\$25,000.00	
8/15/2017	California Resources Corporation, LLC Chatsworth, CA 91311	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$30,000.00	
8/15/2017	California Resources Corporation, LLC Chatsworth, CA 91311	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$22,700.00	\$30,000.00	
9/11/2017	California Restaurant Association Political Action Committee Sacramento, CA 95814 Committee ID: 890231	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,700.00	\$10,000.00	
9/11/2017	California Restaurant Association Political Action Committee Sacramento, CA 95814 Committee ID: 890231	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$10,000.00	
SUBTOTAL						

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IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 12 of 44

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NAME OF FILER

Californians for Jobs and a Strong Economy

I.D. Number
1275549

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/6/2017	California Staffing Professionals PAC Sacramento, CA 95814 Committee ID: 791058	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	
10/6/2017	California Statewide Law Enforcement Association (CSLEA) Independent Expenditure Committee Sacramento, CA 95814 Committee ID: 1254179	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
9/22/2017	Capital One Services, LLC Reston, VA 20191	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,000.00	\$6,000.00	
8/9/2017	Check Into Cash Cleveland, TN 37311	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,000.00	\$6,000.00	
7/26/2017	Chevron Corporation Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42,700.00	\$50,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 13 of 44
		I.D. Number 1275549

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for Jobs and a Strong Economy

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/26/2017	Chevron Corporation Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$50,000.00	
11/3/2017	Community Loans of America, Inc. Atlanta, GA 31150	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$10,000.00	
11/3/2017	Community Loans of America, Inc. Atlanta, GA 31150	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,700.00	\$10,000.00	
10/31/2017	Dart Container Mason, MI 48854	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00	\$30,000.00	
9/29/2017	DaVita Tacoma, WA 98402	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$37,700.00	\$45,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER

Californians for Jobs and a Strong Economy

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	DaVita Tacoma, WA 98402	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,300.00	\$45,000.00	
7/14/2017	Deloitte Services LP Hermitage, TN 37076	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	
8/22/2017	Disney Worldwide Services, Inc. Lake Buena Vista, FL 32830	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$12,000.00	
8/22/2017	Disney Worldwide Services, Inc. Lake Buena Vista, FL 32830	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$12,000.00	
7/26/2017	Engineering & Utility Contractors Assn PAC dba United Contractors Assn PAC San Ramon, CA 94583 Committee ID: 891124	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$10,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER

Californians for Jobs and a Strong Economy

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/26/2017	Engineering & Utility Contractors Assn PAC dba United Contractors Assn PAC San Ramon, CA 94583 Committee ID: 891124	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,700.00	\$10,000.00	
10/25/2017	Fresenius Medical Care Metairie, LA 70002	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,700.00	\$10,000.00	
10/25/2017	Fresenius Medical Care Metairie, LA 70002	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$10,000.00	
7/7/2017	Honeywell International PAC Washington, DC 20001 Committee ID: 1372848	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$15,000.00	
7/7/2017	Honeywell International PAC Washington, DC 20001 Committee ID: 1372848	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,700.00	\$15,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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Californians for Jobs and a Strong Economy

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/13/2017	Honeywell International PAC Washington, DC 20001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
8/11/2017	In-N-Out Burgers Irvine, CA 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$22,700.00	\$30,000.00	
8/11/2017	In-N-Out Burgers Irvine, CA 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$30,000.00	
7/19/2017	Maximus, Inc. Reston, VA 20190	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,700.00	\$15,000.00	
7/19/2017	Maximus, Inc. Reston, VA 20190	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$15,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER

Californians for Jobs and a Strong Economy

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/6/2017	Osteopathic Physicians & Surgeons of CA Public Affairs Committee Sacramento, CA 95814 Committee ID: 800304	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
12/27/2017	Pacific Life Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	
7/26/2017	Pepsico Inc. New Castle, DE 19720	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,700.00	\$15,000.00	
7/26/2017	Pepsico Inc. New Castle, DE 19720	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$15,000.00	
11/27/2017	PG&E Corporation San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$43,500.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER

Californians for Jobs and a Strong Economy

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/27/2017	PG&E Corporation San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$36,200.00	\$43,500.00	
7/26/2017	Pharmaceutical Research & Manufacturers of America Indep Expend Comm Sacramento, CA 95814 Committee ID: 1266887	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,700.00	\$15,000.00	
7/26/2017	Pharmaceutical Research & Manufacturers of America Indep Expend Comm Sacramento, CA 95814 Committee ID: 1266887	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$15,000.00	
12/12/2017	Quality Health Care for Californians, sponsored by CAHHS Sacramento, CA 95814 Committee ID: 1310421	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$10,000.00	
12/12/2017	Quality Health Care for Californians, sponsored by CAHHS Sacramento, CA 95814 Committee ID: 1310421	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,700.00	\$10,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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Californians for Jobs and a Strong Economy

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/28/2017	Ryan Dallas, TX 75240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
12/14/2017	San Francisco Bar Pilots PAC San Francisco, CA 94111 Committee ID: 743492	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,000.00	\$6,000.00	
9/13/2017	San Manuel Band of Mission Indians Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$6,000.00	
9/11/2017	Sempra Energy San Diego, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00	\$42,500.00	
11/9/2017	Sempra Energy San Diego, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$42,500.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER

Californians for Jobs and a Strong Economy

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/7/2017	Southern California Edison Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$50,000.00	
7/7/2017	Southern California Edison Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42,700.00	\$50,000.00	
9/19/2017	Sprint Sacramento, CA 95815	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,700.00	\$10,000.00	
9/19/2017	Sprint Sacramento, CA 95815	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$10,000.00	
12/20/2017	Target Corporation Minneapolis, MN 55403	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$10,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER Californians for Jobs and a Strong Economy		I.D. Number 1275549

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	Target Corporation Minneapolis, MN 55403	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,700.00	\$10,000.00	
8/29/2017	Technology Network Technet California PAC Burlingame, CA 94010 Committee ID: 970849	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$10,000.00	
8/29/2017	Technology Network Technet California PAC Burlingame, CA 94010 Committee ID: 970849	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,700.00	\$10,000.00	
9/22/2017	UnitedHealth Group, Inc. Minnetonka, MN 55343	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$7,500.00	
9/22/2017	UnitedHealth Group, Inc. Minnetonka, MN 55343	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,300.00	\$7,500.00	
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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8/22/2017	Valero Services, Inc. San Antonio, TX 78249	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$22,700.00	\$30,000.00	
8/22/2017	Valero Services, Inc. San Antonio, TX 78249	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$30,000.00	
11/28/2017	Verizon Wireless Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,000.00	\$4,000.00	
7/14/2017	Wine Institute California PAC Sacramento, CA 95814 Committee ID: 1277874	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,800.00	\$18,500.00	
7/14/2017	Wine Institute California PAC Sacramento, CA 95814 Committee ID: 1277874	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$11,200.00	\$18,500.00	
SUBTOTAL				\$816,000.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Jobs and a Strong Economy

I.D. NUMBER
1275549

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA FORM 460
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I.D. Number 1275549	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Jobs and a Strong Economy

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA FORM 460
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I.D. Number 1275549	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Jobs and a Strong Economy

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 07/01/2017

through 12/31/2017

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for Jobs and a Strong Economy

I.D. NUMBER

1275549

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/17/2017	Payee Name: Susan Rubio for Senate 2018 Candidate Name: Susan Rubio State Senator District 22	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$4,400.00	2018P: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/24/2017	Payee Name: Mark Vargas for Assembly 2017 Candidate Name: Mark Vargas State Assembly Person District 51	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$4,400.00	2017P: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/1/2017	Payee Name: Jim Frazier for Assembly 2018 Candidate Name: Jim Frazier State Assembly Person District 11 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,100.00	\$2,400.00	2018P: \$2,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$30,800.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$30,800.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017

CALIFORNIA
FORM 460

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NAME OF FILER

Californians for Jobs and a Strong Economy

I.D. NUMBER
 1275549

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/2017	Keep California Golden	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$10,000.00	\$10,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/14/2017	Sacramento County Young Democrats	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,500.00	\$2,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/23/2017	Payee Name: Dr. Joaquin Arambula for Assembly 2018 Candidate Name: Dr. Joaquin Arambula State Assembly Person District 31 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$3,300.00	2018P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/23/2017	Payee Name: Re-Elect Ken Cooley for Assembly 2018 Candidate Name: Ken Cooley State Assembly Person District 8 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,100.00	\$2,400.00	2018P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>07/01/2017</u>		
through <u>12/31/2017</u>		Page <u>28</u> of <u>44</u>
NAME OF FILER Californians for Jobs and a Strong Economy		I.D. NUMBER 1275549

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2017	Payee Name: Jacqui Irwin for Assembly 2018 Candidate Name: Jacqui Irwin State Assembly Person District 44 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,100.00	\$2,400.00	2018P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/23/2017	Payee Name: Rodriguez for Assembly 2018 Candidate Name: Freddie Rodriguez State Assembly Person District 52 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,100.00	\$2,400.00	2018P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/23/2017	Payee Name: Cecilia Aguiar-Curry for Assembly 2018 Candidate Name: Cecilia Aguiar-Curry State Assembly Person District 4 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$2,300.00	2018P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/23/2017	Payee Name: Jose Medina for Assembly 2018 Candidate Name: Jose Medina State Assembly Person District 61 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$2,300.00	2018P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>07/01/2017</u>		
through <u>12/31/2017</u>		Page <u>29</u> of <u>44</u>
NAME OF FILER Californians for Jobs and a Strong Economy		I.D. NUMBER 1275549

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2017	Payee Name: Gipson for Assembly 2018 Candidate Name: Mike Gipson State Assembly Person District 64 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,100.00	\$2,400.00	2018P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL				\$30,800.00		

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Jobs and a Strong Economy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Trent Hager Sacramento, CA 95833	CNS			\$4,000.00
River City Business Services Sacramento, CA 95841	PRO			\$1,400.00
Sacramento Downtown Arena, LLC Sacramento, CA 95814	FND			\$8,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$367,780.11
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$367,780.11

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 31 of 44
NAME OF FILER Californians for Jobs and a Strong Economy		I.D. NUMBER 1275549

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Jobs and a Strong Economy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bagatelos Law Firm San Francisco, CA 94127	PRO			\$2,160.00
Trent Hager Sacramento, CA 95833	CNS			\$4,000.00
River City Business Services Sacramento, CA 95841	PRO			\$1,400.00
McKinley Pillows Fundraising, Inc. Sacramento, CA 95814	FND			\$18,872.44
McKinley Pillows Fundraising, Inc. Sacramento, CA 95814	FND			\$35,536.05

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 32 of 44
I.D. NUMBER 1275549		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Jobs and a Strong Economy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
McKinley Pillows Fundraising, Inc. Sacramento, CA 95814	FND			\$2,403.28
Susan Rubio for Senate 2018 Sacramento, CA 95815	CTB			\$4,400.00
Committee ID: 1392890 Mark Vargas for Assembly 2017 Sacramento, CA 95815	CTB			\$4,400.00
Committee ID: 1397902 Trent Hager Sacramento, CA 95833	CNS			\$4,000.00
Jim Frazier for Assembly 2018 Sacramento, CA 95814	CTB			\$1,100.00
Committee ID: 1392652				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 33 of 44
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Jobs and a Strong Economy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
McKinley Pillows Fundraising, Inc. Sacramento, CA 95814	FND			\$25,927.97
River City Business Services Sacramento, CA 95841	PRO			\$1,439.01
Keep California Golden Sacramento, CA 95815	CTB			\$10,000.00
Committee ID: 1376693 Ritz-Carlton Half Moon Bay Half Moon Bay, CA 94019	FND			\$59,620.00
Trent Hager Sacramento, CA 95833	CNS			\$4,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 34 of 44
I.D. NUMBER 1275549		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Jobs and a Strong Economy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sacramento County Young Democrats Sacramento, CA 95814	CTB			\$2,500.00
Committee ID: 931680 Half Moon Bay Golf Links Half Moon Bay, CA 94019	FND			\$10,112.40
Bagatelos Law Firm San Francisco, CA 94127	PRO			\$2,160.00
Trent Hager Sacramento, CA 95833	CNS			\$4,000.00
Trent Hager Sacramento, CA 95833	CNS			\$3,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 35 of 44
NAME OF FILER Californians for Jobs and a Strong Economy		I.D. NUMBER 1275549

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Jobs and a Strong Economy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
River City Business Services Sacramento, CA 95841	PRO			\$1,400.00
McKinley Pillows Fundraising, Inc. Sacramento, CA 95814	FND			\$33,244.39
McKinley Pillows Fundraising, Inc. Sacramento, CA 95814	POS			\$0.98
Legislative Strategies Sacramento, CA 95811	FND			\$333.68
Dr. Joaquin Arambula for Assembly 2018 Sacramento, CA 95814	CTB			\$2,000.00
Committee ID: 1393111				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>36</u> of <u>44</u>
I.D. NUMBER 1275549		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Jobs and a Strong Economy

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Re-Elect Ken Cooley for Assembly 2018 Sacramento, CA 95814 Committee ID: 1393555	CTB			\$1,100.00
Jacqui Irwin for Assembly 2018 Sacramento, CA 95814 Committee ID: 1393074	CTB			\$1,100.00
Rodriguez for Assembly 2018 Sacramento, CA 95814 Committee ID: 1392709	CTB			\$1,100.00
Cecilia Aguiar-Curry for Assembly 2018 Sacramento, CA 95814 Committee ID: 1392362	CTB			\$1,000.00
Jose Medina for Assembly 2018 Sacramento, CA 95814 Committee ID: 1393171	CTB			\$1,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
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NAME OF FILER Californians for Jobs and a Strong Economy		I.D. NUMBER 1275549

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Californians for Jobs and a Strong Economy

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gipson for Assembly 2018 Sacramento, CA 95814	CTB			\$1,100.00
Committee ID: 1392928 Half Moon Bay Golf Links Half Moon Bay, CA 94019	FND			\$6,175.57
Trent Hager Sacramento, CA 95833	CNS			\$3,000.00
River City Business Services Sacramento, CA 95841	PRO			\$1,400.00
Ritz-Carlton Half Moon Bay Half Moon Bay, CA 94019	FND			\$58,622.39

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Californians for Jobs and a Strong Economy		I.D. NUMBER 1275549

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Californians for Jobs and a Strong Economy

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Kitchen Restaurant Sacramento, CA 95825	FND			\$2,500.00
Legislative Strategies Sacramento, CA 95811	FND			\$250.00
Trent Hager Sacramento, CA 95833	CNS			\$3,000.00
McKinley Pillows Fundraising, Inc. Sacramento, CA 95814	FND			\$19,901.87
McKinley Pillows Fundraising, Inc. Sacramento, CA 95814	POS			\$133.92

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Californians for Jobs and a Strong Economy		I.D. NUMBER 1275549

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Jobs and a Strong Economy

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
River City Business Services Sacramento, CA 95841	PRO			\$1,400.00
McKinley Pillows Fundraising, Inc. Sacramento, CA 95814	FND			\$10,516.91
McKinley Pillows Fundraising, Inc. Sacramento, CA 95814	POS			\$69.25
Trent Hager Sacramento, CA 95833	CNS			\$3,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$367,780.11

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 07/01/2017
through 12/31/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Jobs and a Strong Economy

I.D. NUMBER
1275549

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
River City Business Services Sacramento, CA 95841	PRO	\$1,400.00	\$0.00	\$1,400.00	\$0.00
Sacramento Downtown Arena, LLC Sacramento, CA 95814	FND	\$8,000.00	\$0.00	\$8,000.00	\$0.00
Bagatelos Law Firm San Francisco, CA 94127	PRO	\$2,160.00	\$0.00	\$2,160.00	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$1,400.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$33,085.72
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$31,685.72)
May be a negative number.

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2017
through 12/31/2017

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NAME OF FILER
Californians for Jobs and a Strong Economy

I.D. NUMBER
1275549

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
McKinley Pillows Fundraising, Inc. Sacramento, CA 95814	FND	\$18,872.44	\$0.00	\$18,872.44	\$0.00
McKinley Pillows Fundraising, Inc. Sacramento, CA 95814	FND	\$2,403.28	\$0.00	\$2,403.28	\$0.00
Legislative Strategies Sacramento, CA 95811	FND	\$250.00	\$0.00	\$250.00	\$0.00
River City Business Services Sacramento, CA 95841	PRO	\$0.00	\$1,400.00	\$0.00	\$1,400.00
SUBTOTALS		\$33,085.72	\$1,400.00	\$33,085.72	\$1,400.00

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 42 of 44

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Jobs and a Strong Economy

I.D. NUMBER
1275549

NAME OF AGENT OR INDEPENDENT CONTRACTOR
McKinley Pillows Fundraising, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anker Technology Company Santa Clara, CA 95054	FND			\$5,681.50
Amazon Seattle, WA 98109	FND			\$1,386.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$7067.50

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period

from 07/01/2017

through 12/31/2017

CALIFORNIA
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Jobs and a Strong Economy

I.D. NUMBER
1275549

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

(May be a negative number)

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 07/01/2017

through 12/31/2017

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Jobs and a Strong Economy

I.D. NUMBER
1275549

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$.00
- Unitemized increases to cash under \$100 this period..... \$.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC